Medical History Checklist for Canine and Feline Patients

Date_____Technician_____

For all patients

- ☐ Chief complaint or reason for visit? _____
- ☐ Any vomiting? Yes/No
  - ☐ When did it start? _____
  - ☐ How soon before or after eating does the vomiting occur? _____
  - ☐ Is the food digested? Yes/No
  - ☐ Are there any foreign items in the vomit? Yes/No If yes please describe _____
  - ☐ How frequently are they vomiting? _____
  - ☐ What is the consistency of the vomit? _____
  - ☐ Could they have eaten something inappropriate? Yes/No If yes please describe_____
  - ☐ Have you recently changed the diet? Yes/No If yes please describe change _____
- ☐ Any diarrhea? Yes/No
  - ☐ When did it start? _____
  - ☐ How often are they having diarrhea? _____
  - ☐ Is there any blood or mucus in the stool? Blood Yes/No Mucus Yes/No
  - ☐ Describe the consistency? _____
  - ☐ What is the volume of stool? _____
  - ☐ Have you recently changed their diet? Yes/No
    - If yes when did the change occur? _____
    - What is the name if the old and the new food? _____
  - ☐ Could they have eaten anything inappropriate? Yes/No
    - If yes what and when? _____
- ☐ Any coughing? Yes/No
  - ☐ When did it start? _____
  - ☐ How often do they cough? _____
  - ☐ Describe the cough? Dry/hacking, productive, high pitch wheeze
  - ☐ Did the patient loose conciseness before, during or after the cough? Yes/No
    - If yes, for how long? _____
    - Did you notice their mucus membrane color? White/pink/red/purple
- ☐ Any sneezing? Yes/No
  - ☐ When did it start? _____
  - ☐ Is it constant or intermittent? _____
  - ☐ Is there any nasal discharge? Yes/No

- If yes, clear/mucus/greenish yellow/hematuria
  _____

☐ Does the patient spend any time outside unattended? Yes/No

☐ Is the patient urinating as he/she normally does? Yes/No
- ☐ When did it start? _____
- ☐ Is the change daily? Yes/No
- ☐ Has the urine production increased or decreased?
- ☐ When was the last time they produced urine? _____
- ☐ Is there any straining? Yes/No
- ☐ Do they ever posture and not produce any urine? Yes/No
- ☐ Is the odor stronger than normal? Yes/No
- ☐ What is the color? Amber/transparent/hematuria

☐ Any change in water consumption? Yes/No If yes continue to questions a-e
- ☐ Are they drinking more or less water?
- ☐ When did it start? _____
- ☐ Do they share their water bowl with another pet? Yes/No
- ☐ How often do you change the water in one day? _____
- ☐ Has anything changed at the time of the water intake changing? Yes/No
  Diet/weather/visitor at home/new baby/new pet/new home/vacation/prescriptions/over the counter supplements

☐ Any change in food intake? Yes/No
- ☐ Describe the change? _____
- ☐ When did it start? _____
- ☐ Has anything changed at the time the food intake changed? Yes/No
  Diet (if diet, describe change)/weather/visitor at home/new baby/new pet/new home/vacation/prescriptions/over the counter supplements

☐ What diet are they on? _____

☐ Do they get snacks and if so what kind and how often? _____

☐ What is the patients exercise tolerance like? _____
- ☐ a. Has it changed? Yes/No
- ☐ c. In what way has it changed? _____
- ☐ d. When did you first notice the change? _____
- ☐ e. Has the change regressed, progressed or is it stable?

☐ Describe the patient's general attitude? BAR/QAR/timid/outgoing/couch potato

☐ Are you happy with their attitude? Yes/No

☐ Have you seen any behavior changes? Yes/No
- ☐ Describe the change? _____
- ☐ Eliminating in the house? Yes/No
- ☐ Having to go out to eliminate more often? Yes/No
- ☐ No longer sleeping through the night/sleeping pattern changed? Yes/No
- ☐ No longer coming when called? Yes/No
- ☐ Seems depressed or has become *more* active?

- ☐ ANY sign of aggression? Please describe in detail? Whom is the aggression towards?
  _____
  _____
- ☐ Have they ever taken any type of obedience training? Yes/No

☐ Are there any changes in their environment? New house/new pets/ additional humans at home/someone's moved away/death in family

☐ Are they taking any prescribed medication? Yes/No
- ☐ When was the medication last taken? _____

☐ Is the prescribed medication from this hospital? Yes/No If no please list medication name, dose, and name of prescribing veterinarian.

_____
_____

☐ Are they taking any OTC medication or supplements? Yes/No If yes please list all names, doses and the last time they were taken.

_____
_____

☐ Has the patient had any medical treatment or any surgery at another Veterinary hospital? Yes/No If yes please describe the treatment and/or surgery, and provide the date and hospital name. _____

Some questions for ill or injured patients; pick the questions that are appropriate

☐ When did the illness/injury begin? _____

☐ Were you present when the injury occurred? Yes/No
- ☐ How far did they fall? _____
- ☐ Did anything fall on top of them? Yes/No Describe _____
- ☐ Which limb if any did you notice them limp on? _____

☐ Did the patient lose consciousness? Yes/No If yes for how long?

_____

☐ HBC
- ☐ Did the vehicle hit the patient or physically run over the patient?
- ☐ Was the patient ever pinned under the car or dragged by the car? Yes/No
- ☐ Was the patient ever able to stand on their own after being hit? Yes/No

☐ BW
- ☐ Do you know what type of animal was involved? Yes/No Describe _____
- ☐ Did the animal pick up and/or shake your pet? Yes/No
- ☐ Do you know the owner of the pet who did the biting? Yes/No
- ☐ Did you get bit? Yes/No If yes advise owner to seek medical attention.
- ☐ Did the other animal get bit by your pet? Yes/No
- ☐ Is the biting pet current on rabies vaccine?

☐ ADR

- ☐ Could they have eaten something not intended for cats/dogs? Yes/No If yes please describe _____
- ☐ Is anything missing that could have been eaten? Yes/No If yes please describe_____

_____

- ☐ Does the patient have the tendency to get into the trash? Yes/No
- ☐ Does the patient have access to the trash? Yes/No
- ☐ Does the patient spend time outside unattended? Yes/No
- ☐ Has anyone changed the antifreeze on a car at a location the pet has access to? Yes/No
- ☐ At any point did your pet seemed dazed, confused or off balanced? Yes/No
- ☐ Did your pet relieve himself in an inappropriate place? Yes/No